

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5		4				
6		4				
7		4				
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	6					
15	3					
16	3					
17	1					
18	1					
19	1					
20		3				
21		3				
22	1					
23	1					
24	1					
25	1					
26		4				
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38		3				
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	45					
TOTAL CLAIMS	65					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						